

ORACLE P.O. NO. 2854365

RFQ. NO. 38517

FILE NO. _____

CONTRACT NO. _____

DESCRIPTION: FURNISH: Snow Removal Services (Loading and Hauling), extension of contract
not to exceed 120 days (four months) beginning January 1, 2015.

CONTRACTOR: Ric-Man Detroit, Inc., 1001 Woodward Ave., Suite 400, Detroit, MI 48226

AMOUNT: \$0.00

USING DEPARTMENT: DPW

3301-193832-622980-6424

RESOLUTION (C.C. Res.) _____

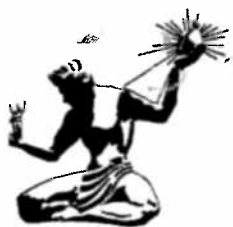
DISTRIBUTION DATE: _____

BUYER: _____

DATE: 12/3/14

CC DEC 18 2014

XV D-1



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2854365 2 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

2633 Michigan Ave
Detroit, MI 48216
United States

BILL TO

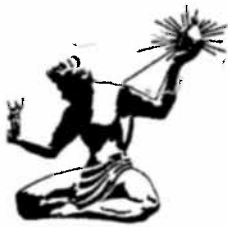
Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

RIC-MAN DETROIT INC
1001 WOODWARD AVE STE 1115
DETROIT, MI 48226

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1114769	16-NOV-11 B Washington	14-JAN-14 B Washington
PAYMENT TERMS Net 45	SHIP VIA Unspecified	F.O.B. Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE J D'ALESSAN (313) 833-2242

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS PURCHASE ORDER IS IN ACCORDANCE WITH RFQ. 38517 AND PERIOD AGREEMENT CCR: 06-DEC-2011, 20-NOV-2012 (CONTRACT RENEWED), 16-DEC-2013 (CONTRACT RENEWED) FURNISH: SNOW REMOVAL SERVICES (LOADING AND HAULING) FOR THE CITY OF DETROIT DEPARTMENT OF PUBLIC WORKS FOR ONE (1) YEAR WITH TWO (2) - ONE (1) YEAR RENEWAL OPTIONS RENEWAL: NO RENEWAL OPTIONS AVAILABLE TERMINATION OF CONTRACT: The City may terminate this contract without cause at any time without incurring any further liability whatsoever other than as stated in this provision by giving written notice to the Contractor of such termination, specifying the effective date thereof, at least ten (10) days prior to the effective date of such termination. If the contract is terminated, the City will pay the Contractor only for the services rendered prior to termination. The amount of payment shall be computed by the City on the basis of services rendered, by the Contractor's unit bid price, and such other means which, in the judgement of the Purchasing Director or designee, represents a fair value for the services provided, less the amount of any previous payments made which final payment the Contractor agrees shall constitute full and complete payment and satisfaction under this contract. Should the City or the City's designee undertake any part of the services which are to be performed by the Contractor, to the extent such services are being performed by the City or its designee the Contractor						
CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.						Total	Continued
PURCHASING DIRECTOR'S SIGNATURE NOT VALID WITHOUT AUTHORIZED SIGNATURE							



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LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
<p>shall not be entitled to any compensation for the services so performed. This section is subject to maximum sum payable provision of this contract.</p> <p>Should the Contractor fail to perform under this contract (including, but not limited to the lapse of insurance, failure to comply with labor laws, unsatisfactory work, failure to retain or maintain equipment or failure to meet the time limit for work), the City reserves the right to cancel the contract, terminating all rights and guarantees to the Contractor.</p> <p>PROMPT PAYMENT:</p> <p>PAYMENT FOR SERVICES PROVIDED UNDER THIS PURCHASE ORDER IS GOVERNED BY THE TERMS OF ORDINANCE NO. 42-98 ENTITLED "PROMPT PAYMENT OF VENDORS", BEING SECTIONS 18-5-71 THROUGH 18-5-79 OF THE 1984 DETROIT CITY CODE.</p> <p>THE INDIVIDUAL RESPONSIBLE FOR ACCEPTING PERFORMANCE UNDER THIS PURCHASE ORDER IS NANCY CAPERS (313) 224-3924</p> <p>THE CONTACT PERSONS FROM WHOM PAYMENT SHOULD BE REQUESTED ARE SHASI BERI AT (313) 224-3409 AND STEVE SCOTT AT (313) 224-3923</p> <p>PROMPT PAYMENT</p> <p>IT IS THE VENDOR'S RESPONSIBILITY TO MAIL OR CAUSE TO BE DELIVERED A VALID ORIGINAL INVOICE TO FINANCE, ACCOUNTS PAYABLE SECTION WITH A PHOTOGRAPHIC COPY TO THE CONTRACTING OFFICER DESIGNATED WITHIN THE CONTRACT OR PURCHASE ORDER. IT IS THE DELIVERY OF THIS DOCUMENT THAT INITIATES THE START OF THE 45-DAY COUNT UNDER THE PROMPT PAYMENT ORDINANCE. THE MAILING OF DUPLICATE</p>							
Total						Continued	
<p>CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.</p>						<p>PURCHASING DIRECTOR'S SIGNATURE NOT VALID WITHOUT AUTHORIZED SIGNATURE</p>	



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PURCHASE ORDER NO. 2854365 REVISION 2 PAGE 3

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LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	ORIGINAL INVOICES IS STRICTLY PROHIBITED.						
	A VALID INVOICE MEETS THE FOLLOWING REQUIREMENTS:						
	VENDOR INFORMATION: FULL NAME OF BUSINESS, FEDERAL IDENTIFICATION NUMBER, UNIQUE INVOICE NUMBER, DATE OF INVOICE, REFERENCE TO CITY OF DETROIT PURCHASE ORDER NUMBER, PART OF ITEM NUMBER (AS REFERENCED IN THE PURCHASE ORDER)						
	QUANTITY AND PRICING INFORMATION: DESCRIPTION OF GOODS OR SERVICES, PART OR ITEM NUMBER (AS REFERENCED IN THE PURCHASE ORDER), QUANTITY OF GOODS OR SERVICES PROVIDED, UNIT PRICE OF GOODS OR SERVICES PROVIDED, PART OR ITEM SUBTOTAL (QUANTITY * UNIT COST), DISCOUNT TERMS (IF APPLICABLE)						
	DELIVERY INFORMATION: LOCATION AND DATE OF DELIVERY OF GOODS OR SERVICES PROVIDED, DELIVERY TERMS (AS REFERENCED IN THE PURCHASE ORDER AGREEMENT)						
	PLEASE NOTE THAT INTEREST PAYMENTS GENERATED UNDER THE PROMPT PAYMENT ORDINANCE WILL NOT BE ISSUED FOR AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00).						
	Purchase Agreement						
	Effective From: 01-JAN-12 To: 31-DEC-14 Amount Agreed: 519,168.00						
1	516933 SNOW, REMOVAL, TRUCK			Hour	124		
2	516932 SNOW, REMOVAL, LOADER			Hour	168		

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Total

519,168.00

Boyd Jact
PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

November 15, 2011

RFQ NO. 38517 – Snow Removal Services (Loading & Hauling) for one (1) year
with two (2) – one (1) year renewal options

COMMODITY: Snow Removal Services (Loading & Hauling)

TO ALL BIDDERS:

This will acknowledge and thank you for your bid on the above. A study of the bids recommends awards as listed below. This preliminary notice does not constitute authority to proceed. Shipment or services shall not begin until a contract with written authorization or purchase order is in your possession. Please be advised that the city of Detroit will not be held responsible for shipments or services received prior to City Council approval.

FURNISH: Snow Removal Services (Loading & Hauling)

TO: STITCHES & MORE, LLC/MPR Group, LLC. Of Detroit, MI
TELEPHONE (313) 332-1429

ITEM	DESCRIPTION	PRICE
1	Semi Truck (Loading & Hauling)	\$125.00/per hour
2	Loader (Loading & Hauling)	\$135.00/per hour
PRICE:	Price Quoted is Firm for Entire Contract Period	
F.O.B.	Delivered	
TERMS:	Net 45 days	

TO: ADAMO GROUP, INC. of Detroit, MI
TELEPHONE (313) 892-7330

ITEM	DESCRIPTION	
1	Semi Truck (Loading and Hauling)	\$125.00/hr
2	Loader	\$169.00/hr
PRICE:	Price Quoted is Firm for Entire Contract Period	
F.O.B.	Various Locations throughout the City of Detroit	
TERMS:	Net 45 days	

TO: BRILAR, LLC. of Oak Park, MI
TELEPHONE (248) 547-6439

ITEM	DESCRIPTION	
1	Semi Truck (Loading and Hauling)	\$125.00/hr
2	Loader	\$170.00/hr
PRICE:	Price Quoted is Firm for Entire Contract Period	
F.O.B.	Various Locations throughout the City of Detroit	
TERMS:	2% 45 days	

TO: DALESSANDRO CONTRACTING GROUP of Detroit, MI
TELEPHONE (313) 420-1170

1	Semi Truck (Loading and Hauling)	\$125.00/hr
2	Loader	\$170.00/hr
PRICE:	Price Quoted is Firm for Entire Contract Period	
F.O.B.	Various Locations throughout the City of Detroit	
TERMS:	Net 45 days	

TO: RICKMAN ENTERPRISE of Detroit, MI
TELEPHONE (313) 285-1400

1	Semi Truck (Loading and Hauling)	\$120.00/hr
2	Loader	\$162.95/hr
PRICE:	Price Quoted is Firm for Entire Contract Period	
F.O.B.	Various Locations throughout the City of Detroit	
TERMS:	Net 45 days	

TO: **BOULEVARD & TRUMBULL of Detroit, MI**
TELEPHONE (313) 202-1700

1 Semi Truck (Loading and Hauling) \$125.00/hr
2 Loader \$150.00/hr
PRICE: Price Quoted is Firm for Entire Contract Period
F.O.B. Various Locations throughout the City of Detroit
TERMS: 2% 45 days

TO: **RIC-MAN DETROIT, Inc. of Detroit, MI**
TELEPHONE (313) 833-2242

1 Semi Truck (Loading and Hauling) \$124.00/hr
2 Loader \$168.00/hr
PRICE: Price Quoted is Firm for Entire Contract Period
F.O.B. Various Locations throughout the City of Detroit
TERMS: Net 45 days

TO: **WILLIE MCCORMICK & ASSOCIATES, Inc. of Detroit, MI**
TELEPHONE (313) 935-5700

1 Semi Truck (Loading and Hauling) \$125.00/hr
2 Loader \$165.00/hr
PRICE: Price Quoted is Firm for Entire Contract Period
F.O.B. Various Locations throughout the City of Detroit
TERMS: Net 45 days

If additional information is desired, please contact the purchases agent.

Sincerely,

Bianca Washington, Purchases Agent

Detroit City Council

Legislative Policy Division

TO: Purchasing Division Staff

FROM: David Teeter

DATE: December 11, 2014

RE: **PURCHASING ITEMS SUBMITTED TO THE CITY COUNCIL FOR THE
WEEK OF December 8, 2014**

The following contracts and purchase orders were reported to the City Council during the Recess Week of December 1, 2014. Under the Recess procedures, approved by the City Council on November 18, 2014, contracts submitted for the Week of December 8 are considered approved and can be processed on Thursday, December 11, 2014, if not held by a Council Member.

The City Clerk's office received 2 requests to hold contracts from the list submitted for the Week of December 8, 2014.

Contracts Requested to Be HELD

2832588, Amend. 5 Detroit Building Authority + \$2,270,000 to \$65,770,000 FINANCE
Held by Council Member James Tate; See Attached Memo for questions;
Held by Council President Brenda Jones.

2832588, Amend. 6 Detroit Building Authority + \$2,000,000 to \$67,770,000 FINANCE
Held by Council Member James Tate; See Attached Memo for questions;
Held by Council President Brenda Jones.

2853050, Renew LaGarda Security \$1,968,200 GEN. SERVICES / MUN. PARK
Held by Council Member James Tate; See Attached Memo for questions.

2901510, Conf. Req. Strategic Staffing Solutions \$125,399.49 HOMELAND SECURITY
Held by Council Member James Tate; See Attached Memo for questions;
Held by Council President Brenda Jones.

*The following contracts were submitted for the Week of December 8, 2014; No requests to hold the contracts were received in the City Clerk's Office and are considered **APPROVED**.*

2894883, Purch. Incr. Downtown Auto Wash + \$25,000 to \$94,540 CITY-WIDE (DOT)

2854365, Extend. Ric-Man Detroit + \$0.00 to \$519,168 PUBLIC WORKS

Purchasing Staff
Contracts Held and Approved from List
Submitted Week of Dec. 8, 2014

Page 2

The following contracts were submitted for the Week of December 8, 2014; No requests to hold the contracts were received in the City Clerk's Office and are considered APPROVED.

2854364,Purch.Incr.	Boulevard and Trumbull	+ \$325,000 to \$920,000	PUBLIC WORKS
2901403	Pavex Corp. (snow removal,Dist. 6)	\$526,000	PUBLIC WORKS
2901503	J.E. Jordan Landscaping (snow removal,Dist. 5)	\$636,760	PUBLIC WORKS
2901511	Payne Landscaping (snow removal,Dist. 2,3,4)	\$872,464	PUBLIC WORKS
2901443	Brilar, LLC (snow removal,Dist. 1,2,7)	\$1,432,000	PUBLIC WORKS
86815	LaDon Davis (Leland)	+ \$15,000 to \$60,936	CITY COUNCIL
86816	Joseph Rheker, III (Leland)	+ \$5,000 to \$66,241	CITY COUNCIL
87029	Betty Smith Simmons (Cushingberry)	\$26,068.32	CITY COUNCIL
87016	Jacqueline Duncan (Cushingberry)	\$12,498.60	CITY COUNCIL
87032	Mark Toaz (Law clerk)	\$15,000	LAW
87046	Tiffany A. Boyd (Attorney)	\$37,200	LAW

cc: City Council offices

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____ CONTACT: _____ PHONE: _____

Type of Clearance: ☐ New ☐ Renewal (Please submit 30 days prior to submitting bid or expiration date)

<p>A.</p> <p>To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Ste. 512 Detroit, MI 48226</p> <p>Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588</p>	<p>For: Individual or Company Name <u>Ric-Man Detroit, Inc.</u></p> <p>Address <u>1001 Woodward Avenue</u> <u>Suite 1115</u></p> <p>City <u>Detroit</u></p> <p>State <u>MI</u> Zip Code <u>48226</u></p> <p>Telephone <u>(313) 833-2242</u> Fax # <u>(313) 964-8356</u></p>
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<p>B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)</p> <p><u>Edward A. Mancini</u></p> <p>Employer Identification or Social Security Number <u>20-0929727</u></p>	<p>Telephone # <u>(313) 833-2242</u></p> <p>Fax # <u>(313) 964-8356</u></p> <p>Spouse Social Security Number</p>
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Nature of Contract: _____ BID/CONTRACT AMOUNT (if known):
Labor: \$ _____ Material: \$ _____

Contract # (if known) _____

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One: ☐ Individual ☒ Corporation ☐ Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) ☐ Yes ☐ No
2. Are you a student, and/or claimed as a dependent on someone else's tax return? ☐ Yes ☐ No
3. Were you employed during the last seven (7) years? ☐ Yes ☐ No
4. Were you a resident of Detroit during the last seven (7) years? ☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). ☐ Yes ☒ No
6. Will the company have employees working in Detroit? ☒ Yes ☐ No
7. Will the company use sub-contractors or independent contractors in Detroit? ☒ Yes ☐ No

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Signature <u>LUCHETIA JENNINGS</u> Signature _____ Signature _____	Date _____ Date _____ Date _____	Expires <u>SEP 20 2014</u> Expires _____ Expires _____
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To check the status of a clearance, please call (313) 224-7266

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.ci.detroit.mi.us
Please e-mail your completed request form to IncomeTaxClearance@detroitmi.gov

Purchasing Division / Human Rights Department VENDOR/BUSINESS CLEARANCE REQUEST

Submit to: Revenue Collection Unit
 2 Woodward Ave. Rm.1012
 Detroit, MI 48226
 (313) 224-1849 or 224-2689 Telephone / (313) 224-4238 Fax

Nature of Contract _____

Contract Amount \$ _____

Business Type: ☒ Corp ☐ Partnership ☐ Sole Proprietorship ☐ Personal Services

Business Name Ric-Man Detroit, Inc.

Business Address 1001 Woodward Avenue, Suite 1115

Detroit, MI 48226

☒ Lease ☐ Own

Ward/Item # _____

Tax ID/FID # 20-0929727

City Personal Property I.D. # 02991846.05

Owner(s) Name _____

Owner(s) SS# (If Sole Proprietorship) _____

Owner(s) Home Address (If Sole Proprietorship) _____

☐ Lease ☐ Own

Contact Person Edward Mancini, Vice President

Contact Number (313) 833-2242

Fax Number (313) 964-8356

Please do not write below this line

Real Property

Special Assessment

Personal Property

Other Receivable

☐ Denied

☐ Denied

☐ Denied

☐ Denied

☒ Approved

☒ Approved

☒ Approved

☒ Approved

Comments: _____

Please mail, fax or drop off this Request form to the Revenue Collection Unit at the address listed above. You will be responsible for keeping the clearance and submitting a copy to Purchasing with the bid package and Human Rights with your application.

REVENUE COLLECTIONS
 APPROVED
 CONTRACT CLEARANCES

AUG 20 2014

JAN 15 2015

Date

Expiration Date

PLEASE ANSWER EVERY QUESTION



CERTIFICATE OF LIABILITY INSURANCE

RICMA-1

OP ID: DH

DATE (MM/DD/YYYY)

11/05/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Detroit P.O. Box 8029 35735 Mound Road Sterling Heights, MI 48311-8029 Brian Pilarski		CONTACT NAME: Brian Pilarski PHONE (A/C, No, Ext): 586-977-6300 E-MAIL ADDRESS: bpilarski@BBDetroit.com FAX (A/C, No): 586-977-6780	
INSURED Ric-Man Detroit, Inc. 1001 Woodward #1115 Detroit, MI 48226		INSURER(S) AFFORDING COVERAGE	
		INSURER A: LM Insurance Corporation	NAIC # 010765
		INSURER B: Liberty Mutual Fire Insurance	16586
		INSURER C: Ohio Casualty Insurance Co.	24074
		INSURER D: First Liberty Insurance Corp	33588
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	TB5Z91462572014	06/01/2014	06/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 0
	<input checked="" type="checkbox"/> Contractual & XCU					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Per Proj/Loc				GENERAL AGGREGATE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				Emp Ben. \$ 1,000,000	
B	AUTOMOBILE LIABILITY		AS2Z91462572024	06/01/2014	06/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> SCHEDULED AUTOS				\$	
	<input type="checkbox"/> NON-OWNED AUTOS				\$	
C	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	EUO1556095581	06/01/2014	06/01/2015	EACH OCCURRENCE \$ 15,000,000
	EXCESS LIAB					AGGREGATE \$ 15,000,000
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	WC6Z91462572034	06/01/2014	06/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Snow Removal Services (Loading and Hauling) Purchase Order #2854365. City of Detroit is included as an additional insured for general liability as required by written contract with the named insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit
Finance Department
Purchasing Division
1008 Coleman A Young Mun Ctr
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Hiring Policy Compliance Affidavit

I, Edward Mancini, being duly sworn, state that I am the Vice President
_____ of Ric-Man Detroit, Inc.
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED


Edward Mancini

Title: Vice President

Date: 11-12-13

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the 8th day of November, 2013,
by Edward Mancini, Vice President.



Notary Public, County of Wayne

State of Michigan

My commission expires: 6/14/14

Michele M. Wilson
Notary Public, State of Michigan
County of Wayne
My Commission Expires June 14, 2014
Acting in the County of Wayne

Ric-Man Detroit, Inc
1001 Woodward Ave., Suite 1115
Detroit, MI 48226
(313) 833-2242

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position that, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, maritime veteran status, the presence of a medical condition or handicap, height, weight, or any other protected status.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Telephone Number (with area code) _____ Are you 18 years or older? Yes ___ No ___

Social Security No. _____

Are you a U.S. Citizen? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___

Have you been previously employed here? Yes ___ No ___ If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? Yes ___ No ___ If yes, date(s) _____

List any friends or relatives working here _____

List any software experience here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED:

Position(s) applied for _____

Kind of work sought: Full Time ___ Part Time ___ Other ___

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for?

Salary desired _____ Date available to work _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Under Michigan law, only disabled employees and applicants may request an accommodation of their disability by notifying the company in writing of the need for an accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual right under the Americans with Disabilities Act. Failure to properly notify the company may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYEMENT EXPERIENCE (List current or most recent job first)

1	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

EDUCATION	Name/Location	Years Completed	Diploma/Degree	Courses of Study
Elementary				
High School				
College				
Graduate				
Voc/Training				

Any other educational training _____

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes ____ No ____

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves? Yes ____ No ____ If yes, date obligation ends _____

Special/technical training _____

ADDITIONAL INFORMATION

Do you have a valid driver's license? Yes ____ No ____ License No. _____ State _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate Race, color, religion, sex national origin, handicap, marital or veteran's status, height, weight or age. _____

State any additional information that you feel may be helpful to us in considering your application. _____

IN CASE OF EMERGENCY (Person(s) to be notified in the event of an accident or emergency)

Name	Number	Street	Phone Number(home)
Relationship	City	State	Phone Number(work)
	Zip		
Name	Number	Street	Phone Number(home)
Relationship	City	State	Phone Number(work)
	Zip		

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions and agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures, and this release from liability does not waive nor prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed on the Company except those, which have been acknowledged in writing, by the president or his designated representatives. I hereby authorize the company to deduct from each and every pay period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the company during the course of my employment.

I agree that any action or suit against the company, its agents or employees, arising out of my employment or termination of employment, including, but not limited to claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the company, in which the company prevails, I will pay to the company any and all such costs incurred by the company in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Signature

Date

FOR INTERVIEWER'S USE

Interviewed by _____ Date _____

Comments _____

Interviewed by _____ Date _____

Comments _____

Interviewed by _____ Date _____

Comments _____

HIRED: Yes _____ Starting Date _____ Department _____ Job Title _____

No _____ Comments _____

APPROVED:

_____ Name _____ Title _____ Date _____

_____ Name _____ Title _____ Date _____

_____ Name _____ Title _____ Date _____

AFFIRMATIVE ACTION PROGRAM QUESTIONNAIRE

This company is in full compliance with federal, state and local laws and with Executive Order 11246; as amended; is committed to the continual evaluation of our Affirmative Action Program.

In order to evaluate our progress as an Equal Opportunity Employer, we are asking all applicants to complete this questionnaire.

INFORMATION PERTAINING TO SEX AND RACE/ETHNIC HERITAGE IS REQUIRED. INFORMATION PERTAINING TO VETERAN AND DISABILITY IS VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

CONFIDENTIAL APPLICANT INFORMATION

____ Female
____ Male

RACE/ETHNIC HERITAGE (Please check one. If two or more categories apply, choose the one with which you most closely identify)

- ____ **Black** Persons having origins in any of the Black racial groups of Africa.
- ____ **Asian or Pacific Islander** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands
- ____ **American Indian or Alaskan Native** Persons having origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ____ **Hispanic** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture of origin, regardless of race.
- ____ **White** Persons having origins in any of the original peoples of Europe, North Africa, the Middle East.
- ____ **Other**

VETERANS

Are you a **Disabled Veteran**?

____ Yes ____ No

If yes, please indicate limitations to be considered in job placement: _____

Must be entitled to disability by Veterans Administration, rated at least 30% disabled; or discharged or released from active duty for a disability incurred or aggravated in the line of duty.

Are you a **Veteran**?

____ Yes ____ No

If yes, please indicate release date: _____

A person who both served on active duty for more than 180 days between August 5, 1965 and May 7, 1975 or on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

DISABLED

____ Yes ____ No

If yes, please indicate limitations to be considered in job placement: _____

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Applicant Signature: _____ **Date:** _____

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Ric-Man Detroit, Inc.
2. Address of Contractor: 1001 Woodward Ave., Suite 400
Detroit, MI 48226
3. Name of Predecessor Entities (if any): _____
4. Prior Affidavit submission? ____ No ____ Yes, on: _____
(Date of prior submission)
- If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. ☒ Contractor was established in 2004 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

____ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

____ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Edward A. Mancini (Printed Name) Vice President (Title)

[Signature] (Signature) 8/31/11 (Date)

Subscribed and sworn to before me
this 31st day of August

Michael M. Wilson
Notary Public, Wayne County, Michigan
My Commission expires: June 14, 2014

Michael M. Wilson
Notary Public, State of Michigan
County of Wayne
My Commission Expires June 14, 2014
Acting in the County of Wayne

buyer
Washington

RFQ. 38517
Snow Removal Service (Loading Hauling)

Ric-Man Detroit, Inc.
1001 Woodward Ace., Suite 400
Detroit, MI 48226
313-833-2242
ATTN
FED ID
TERM

Edward Mancini
20-0929727

0%

0%

Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
------------	------	----------	--------------------

EQUALIZATION

Equipment				
(26) Trucks	\$	124.00	hrly	25.00 \$ 4.96
(13) Loader	\$	168.00	hrly	3.50 \$ 48.00

Average Hourly Rate Loader			\$	48.00
Average Hourly Rate Truck			\$	4.96
Total Average Cost			\$	52.96

Stitches & More, LLC./MPR Group, LLC

rob.cat@cavtel.net
ernesantonio@gmail.com

440 Burroughs, Suite #79
Detroit, MI 48202
313-434-2688

ATTN
FED ID: 26-0684012
TERM

Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
------------	------	----------	--------------------

EQUALIZATION

Equipment				
(1) Loader	\$	135.00	hrly	3.50 \$ 38.57
(2) Semi Trucks	\$	125.00	hrly	25.00 \$ 5.00

Average Hourly Rate Loader			\$	38.57
Average Hourly Rate Truck			\$	2.38
Total Average Cost			\$	40.95

Dalessandro Contracting Group, LLC.

billb@dcg-mi.com 313-420-1177

7700 Second Ave.
Detroit, MI 48202
313-420-1177

Angelo D'Alessandro
20-1162266

ATTN
FED ID
TERM

0%

EQUALIZATION

Equipment				
(15) Loader	\$	170.00	hrly	3.50 \$ 48.57
(30) Semi Truck	\$	125.00	hrly	25.00 \$ 5.00

Average Hourly Rate Loader			\$	48.57
Average Hourly Rate Truck			\$	5.00
Total Average Cost			\$	53.57

buyer
Washington

RFQ. 38517
Snow Removal Service (Loading Hauling)

Brilar, LLC.

13200 Northend
Oak Park, MI 48237
248-547-6439

Larry Yaffa
27-3185046

ATTN 0%
FED ID
TERM 0%

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
(17) Trucks	\$ 125.00	hrly	25.00	\$ 5.00
(9) Loaders	\$ 170.00	hrly	3.50	\$ 48.57

Average Hourly Rate Loader	\$	48.57
Average Hourly Rate Truck	\$	5.00
Total Average Cost	\$	53.57

Willie McCormick & Associates, Inc.

13522 Foley Street
Detroit, MI 48227
313-935-5700

Willie McCormick
38-3042297

willimccormick1@aol.com

ATTN 0%
FED ID
TERM

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
(30) Truck	\$ 125.00	hrly	25.00	\$ 5.00
(15ea.) CAT -928, 936, 950 Loader	\$ 165.00	hrly	3.50	\$ 47.14
			\$	-

Average Hourly Rate Loader	\$	47.14
Average Hourly Rate Truck	\$	5.00
Total Average Cost	\$	52.14
Total Equalized Average Cost	2.61 \$	49.54

1 Way Service, Inc.

4195 Central Street
Detroit, MI 48210
313-846-0550

Timothy Homrich tim@1wayservice.com
20-2827583

ATTN 0%
FED ID
TERM

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
(1) Semi Truck	\$ 134.00	hrly	25.00	\$ 5.36
(1) Loader	\$ 234.00	hrly	3.50	\$ 66.86

Average Hourly Rate Loader	\$	66.86
Average Hourly Rate Truck	\$	5.36
Total Average Cost	\$	72.22

buyer
Washington

RFQ. 38517
Snow Removal Service (Loading Hauling)

Equalization Price 6.50 \$ 65.72

Boulevard & Trumbull Jenniger Fiore jmariefiore@aol.com 313-202-1700 ext. 513
2411 Vinewood St. 62-1683676
Detroit, MI 48216 5%
313-202-1700 ext. 520
ATTN 0%
FED ID
TERM

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
(15) Truck	\$ 125.00	hrly	25.00	\$ 5.00
(8) Front End Loader	\$ 150.00	hrly	3.50	\$ 42.86

Average Hourly Rate Loader	\$ 42.86
Average Hourly Rate Truck	\$ 5.00
Total Average Cost	\$ 47.86
Equalization Price	2.39 \$ 45.46

Rickman Enterprise Group, LLC. Kerry Walker
15533 Woodrow Wilson 26-0269417
Detroit, MI 48238 0%
313-285-1400
ATTN 0%
FED ID
TERM

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
(8) Truck	\$ 120.00	hrly	25.00	\$ 4.80
(4) Front End Loader	\$ 162.95	hrly	3.50	\$ 46.56

Average Hourly Rate Loader	\$ 46.56
Average Hourly Rate Truck	\$ 9.82
Total Average Cost	\$ 56.38

Adamo Group, Inc. Richard M. Adamo radamo@adamogroup.org
300 East Seven Mile Rd. 38-3087956
Detroit, MI 48203 8%
313-892-7330
ATTN 0%
FED ID
TERM

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
() Tractor and Semi Trailer	\$ 125.00	hrly	25.00	\$ 5.00
() Loader	\$ 169.00	hrly	3.50	\$ 48.29

Average Hourly Rate Loader	\$ 48.29
Average Hourly Rate Truck	\$ 5.00
Total Average Cost	\$ 53.29
Equalization Price	4.26 \$ 49.02

buyer
Washington

RFQ. 38517
Snow Removal Service (Loading Hauling)

Pavex Coporation	Brian G. Morrison	brian@pavexco.com
2654 Van Horn Rd.	38-3087956	734-676-6220
Trenton, MI 48183	8%	
734-676-6220		
ATTN	0%	
FED ID	27-2387482	
TERM		

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
() Tractor and Semi Trailer	\$ 125.00	hrly	25.00	\$ 5.00
() Loader	\$ 185.00	hrly	3.50	\$ 52.86

Average Hourly Rate Loader	\$ 52.86
Average Hourly Rate Truck	\$ 5.00
Total Average Cost	\$ 57.86
Equalization Price	4.63 \$ 53.23

Farrow Group, Inc.	Michael Farrow	farrowgroup@comcast.net
601 Beaufait		
Detroit, MI 48207	9%	
313-259-7910		
ATTN	0%	
FED ID	38-3411128	
TERM		

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
() Tractor and Semi Trailer	\$ 125.00	hrly	25.00	\$ 5.00
() Loader	\$ 150.00	hrly	3.50	\$ 42.86

Average Hourly Rate Loader	\$ 42.86
Average Hourly Rate Truck	\$ 5.00
Total Average Cost	\$ 47.86
Equalization Price	4.31 \$ 43.55

Stitches & More, LLC./MPR Group, LLC.	Robert Daniel Banks, Sr.	rob.cat@cavtel.net
440 Burroughs Suite 79		
Detroit, MI 48202	0%	
313-434-2688		
ATTN	0%	
FED ID	26-0684012	
TERM		

EQUALIZATION

Equipment	Hrly. Rate	UNIT	Cu. Yds.	Hrly. Rate/Cu. Yd.
() Tractor and Semi Trailer	\$ 125.00	hrly	25.00	\$ 5.00
() Loader	\$ 135.00	hrly	3.50	\$ 38.57

Average Hourly Rate Loader	\$ 38.57
Average Hourly Rate Truck	\$ 5.00
Total Average Cost	\$ 43.57
Equalization Price	0.00 \$ 43.57